



# City of Seattle

## Office of Police Accountability

Free Interpretation Access Available

### USE THIS FORM TO FILE A COMPLAINT AGAINST A SEATTLE POLICE DEPARTMENT OFFICER OR EMPLOYEE

To submit a complaint anonymously, omit any self-identifying information on this form. This form may be brought in-person or mailed to the OPA address below, emailed to: [opa@seattle.gov](mailto:opa@seattle.gov) or faxed to: 206-233-7907. Any questions, call 206-684-8797.

#### Your Information:

Last Name, First Name Middle Initial: \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

Phone Numbers (include numbers you wish to be contacted at): \_\_\_\_\_

Email Address: \_\_\_\_\_

As a public agency, all our records are subject to the Public Disclosure Act which requires all information to be disclosed when requested. If you do not want your information disclosed, check No below, and OPA will protect your information to the extent allowed by law. Please note that this may still involve revealing some of your information.

**Do you want your name and contact information disclosed?** ☐ Yes ☐ No

Mediation is a voluntary, confidential process facilitated by a Mediator who helps community members and officers talk and listen to each other.

**Would you be interested in mediation for this complaint?** ☐ Yes ☐ No

Pursuant to SMC 3.28.825, the OPA Director is required to report the racial, ethnic and gender distributions of OPA complainants. It is voluntary, but helpful to know the following information:

#### Gender

- ☐ Male
- ☐ Female
- ☐ Other
- ☐ Decline

#### Racial/Ethnic Background

- |  |   |                                    |
|--|---|------------------------------------|
| <input type="checkbox"/> Asian           | <input type="checkbox"/> Native American  | <input type="checkbox"/> 2 or More |
| <input type="checkbox"/> Black           | <input type="checkbox"/> Pacific Islander | <input type="checkbox"/> Other     |
| <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> White            | <input type="checkbox"/> Decline   |

#### Information about the Incident:

Location: \_\_\_\_\_

Incident Date (month/day/year): \_\_\_\_\_ Incident Time (AM/PM): \_\_\_\_\_

SPD Officer/Employee(s) (If known): \_\_\_\_\_

Name of Witness(es) or Others Involved: \_\_\_\_\_

Witness Phone: \_\_\_\_\_

Seattle Police Department Report/Incident Number if known or applicable: \_\_\_\_\_

Do you have or are you aware of any photographs or video relevant to this incident?

☐ Video ☐ Photos ☐ No

**Statement/Description of Incident:**

(You may include additional sheets of paper to continue the description of the incident if needed.)

Please describe the incident and highlight what is important to you.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

What would you like the resolution to be in this case?

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*The Office of Police Accountability is dedicated to providing independent and transparent accountability of the SPD for the citizens of the Seattle Community. Honest feedback is essential to maintaining a police department that is both trustworthy and responsive to the community. Therefore, it is critical that truthfulness be maintained in the filing and investigation of complaints against the police.*

☐ (please check) I hereby certify that the information in this complaint is true and correct to the best of my knowledge and belief.

Signature: \_\_\_\_\_